

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Pursifull et al.
Appln. No.: 10/655,863
Filed: September 5, 2003
For: FUEL PRESSURE RELIEF VALVE
Attorney Docket No: 10541-1840

Examiner: C. Miller
Art Unit: 3747

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REPLY UNDER 37 C.F.R. §1.111

In response to the Office Action mailed October 29, 2004, Applicant respectfully submits this paper comprising the following parts:

- I. Listing of Claims, beginning on page 2;
- II. Remarks, beginning on page 7.

Applicant notes that the Transmittal to which this paper is attached includes a Certificate of Facsimile Transmission under 37 C.F.R. §1.8; and a fee statement calculating any fee(s) presently due in connection with the filing of this paper, along with an authorization to charge any fee deficiency to the deposit account of Applicant's assignee, Visteon Global Technologies, Inc., Deposit Account No. 06-1500.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10655863

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	* 2
INDEPENDENT CLAIMS	2 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus ** 22	= 2
Independent	* 2	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	36
X84=	
+280=	
TOTAL	286

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	100.00
X84=	
+280=	
TOTAL ADDIT. FEE	100.00

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	